

AFFIDAVIT OF JOHN WEBB O'BRYANT

STATE OF MISSISSIPPI

COUNTY OF _____

Personally came and appeared before me, the undersigned authority in and for the said County and State, within my jurisdiction, the within named John Webb O'Bryant, who, having been duly sworn by me, states on oath:

1. My name is John Webb O'Bryant and I am over 21 years of age. I am of sound mind and I am competent to testify as to the matters set forth in this affidavit.

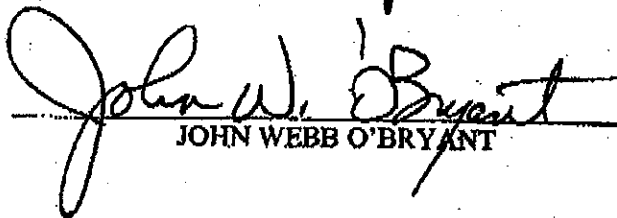
2. I am employed as Director of Region IV of the Mississippi Department of Human Services ("MDHS"). I supervise Area Social Work Supervisors in my region and am familiar with the workers and cases in my region.

3. The foster children in this region have received adequate food, clothing, shelter, and health care. MDHS has done what it reasonably can to see that foster children are protected from harm.

4. The matters set forth herein are based on my own experiences, observations, and personal knowledge of such matters.

5. I declare under penalty of perjury that the forgoing is true and correct to the best of my knowledge, information and belief.

FURTHER AFFIANT SAYETH NOT, this the 28th day of April, 2006.


JOHN WEBB O'BRYANT



SWORN TO AND SUBSCRIBED BEFORE ME, this the 28 day of
April, 2006.

My Commission Expires:

N/A

Glenda D'Bryant

NOTARY PUBLIC

Justice Court Clerk

Choctaw County, MS

